



**County of Culpeper**  
*An Equal Opportunity Employer*  
**APPLICATION FOR EMPLOYMENT**

Employees of the County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. Please print in ink (preferably black).

1. Position applied for: \_\_\_\_\_ Number of attachments \_\_\_\_\_
2. Department \_\_\_\_\_ Position # \_\_\_\_\_
3. Social Security Number \_\_\_\_\_ (Optional. Social Security Number will be required on other forms prior to employment.)
4. Full Legal Name: \_\_\_\_\_  
Last First Middle
5. Address: \_\_\_\_\_  
City State Zip
6. Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**7. EDUCATION**

- a. Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 Year completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma? \_\_\_\_\_ If yes, please indicate the date you received it. \_\_\_\_\_
- c. Circle number of years of post high school education. 1 2 3 4 5 6 7

Name and location of Institution:	Hrs	Degree	Major/Spec.	Minor	Dates Attended
1.					
2.					
3.					

- d. If you expect to complete an educational program in the near future, indicate what type of degree or program and expected completion date: \_\_\_\_\_

- 8. EXPERIENCE** — Use *Supplementary Experience Form (s)* for additional space. Starting with the **most recent**, describe **all** paid, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No.

a. **Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number/titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used: \_\_\_\_\_  
Dates(mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number/titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used: \_\_\_\_\_  
Dates(mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number/titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used: \_\_\_\_\_  
 Dates(mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- e. Automated word processing (Specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ Words per minute. Shorthand speed \_\_\_\_\_ Words per minute.  
 f. License (to include driver's), certificates or other authorization to practice a trade or profession: \_\_\_\_\_

Type	License Number	Expiration Date	Granted by (licensing board)
1.			
2.			
3.			

9. **REFERENCES** List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- a. Check which shift you will accept: \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Weekend Specify hours: \_\_\_\_\_  
 b. Check which job status you would accept: \_\_\_\_\_ Full time salaried (benefits) \_\_\_\_\_ Part time \_\_\_\_\_ Temporary (FT or PT)  
 c. Are you willing to accept employment which requires you to travel? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, indicate which of the following: \_\_\_\_\_ Days only \_\_\_\_\_ Occasionally overnight \_\_\_\_\_ Frequently overnight.  
 d. For purposes of complying with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.  
 e. Are you willing to provide your own transportation if necessary for employment? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
 f. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check appropriate dates) \_\_\_\_\_ World War I 4/16/17 to 4/1/20; \_\_\_\_\_ World War II 12/7/41 to 12/31/46; \_\_\_\_\_ Korean Conflict 6/27/50 to 1/31/55; \_\_\_\_\_ Vietnam Conflict 8/5/64 to 3/7/75; \_\_\_\_\_ None of the dates shown, but I did serve in the military.  
 g. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, list all and explain \_\_\_\_\_

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice).  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year.

12. **CERTIFICATION:** Each application requires current date and signature. I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the County of Culpeper. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause as determined by the agency head or designee.

Date: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

## SUPPLEMENTARY EXPERIENCE FORM

Social Security Number \_\_\_\_\_  
Name \_\_\_\_\_

Position applied for: \_\_\_\_\_  
Attachment Number: \_\_\_\_\_

**Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
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Dates(mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

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Immediate supervisor \_\_\_\_\_  
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Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

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Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of business** \_\_\_\_\_

**Immediate supervisor** \_\_\_\_\_

**Title** \_\_\_\_\_ **Number/titles of employees you supervised** \_\_\_\_\_

**Salary (start)** \_\_\_\_\_ **(finish)** \_\_\_\_\_ **Equipment used:** \_\_\_\_\_

**Dates(mm/yy)** \_\_\_\_\_ **To (mm/yy)** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_

**Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_ **Hrs/wk** \_\_\_\_\_ **Your name if different from present** \_\_\_\_\_

**Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of business** \_\_\_\_\_

**Immediate supervisor** \_\_\_\_\_

**Title** \_\_\_\_\_ **Number/titles of employees you supervised** \_\_\_\_\_

**Salary (start)** \_\_\_\_\_ **(finish)** \_\_\_\_\_ **Equipment used:** \_\_\_\_\_

**Dates(mm/yy)** \_\_\_\_\_ **To (mm/yy)** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_

**Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_ **Hrs/wk** \_\_\_\_\_ **Your name if different from present** \_\_\_\_\_

**Job Title.** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of business** \_\_\_\_\_

**Immediate supervisor** \_\_\_\_\_

**Title** \_\_\_\_\_ **Number/titles of employees you supervised** \_\_\_\_\_

**Salary (start)** \_\_\_\_\_ **(finish)** \_\_\_\_\_ **Equipment used:** \_\_\_\_\_

**Dates(mm/yy)** \_\_\_\_\_ **To (mm/yy)** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_

**Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_ **Hrs/wk** \_\_\_\_\_ **Your name if different from present** \_\_\_\_\_

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**Employer** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of business** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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